| Eill              | in this information to  | a identify your car                  | 50.  |   |                |           |                 |                               |              |                        |           |  |  |
|-------------------|---|--------------------------------------|--|---|----------------|-----------|-----------------|-------------------------------|--------------|------------------------|-----------|--|--|
|                   | btor 1  | Israel Irizarry                      |  |   |                |           |                 |                               |              |                        |           |  |  |
| -                 | btor 2<br>buse, if filing)  |                                      |  |   |                | _         |                 |                               |              |                        |           |  |  |
| Uni               | ited States Bankrupt  | tcy Court for the:                   | EASTERN DISTRICT<br>READING DIVISION   | OF PENNSYLVAN                               | NIA,           |           |                 |                               |              |                        |           |  |  |
|                   |   | 10449                                |  |   |                |           | Check i         | ck if this is:                |              |                        |           |  |  |
| (lf kr            | nown)   |                                      |  |   |                |           | An a            | chapter 13                    |              |                        |           |  |  |
| 0                 | fficial Form  | 106I                                 |  |   |                |           | $\overline{MM}$ | / DD/ Y                       | YYY          |                        |           |  |  |
| S                 | chedule I: `  | Your Inco                            | me   |   |                |           |                 |                               |              |                        | 12/15     |  |  |
| spo<br>atta<br>Pa | use. If you are separate shee   | arated and your<br>t to this form. O | re married and not filin<br>spouse is not filing wit<br>n the top of any additio | h you, do not incl                          | ude inform     | ation a   | bout you        | ir spou                       | se. If more  | e space is ne          | eded,     |  |  |
| 1.                | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work. |                                      | Debtor 1   |   |                |           | D               | Debtor 2 or non-filing spouse |              |                        |           |  |  |
|                   |   |                                      | Employment status  | ■ Employed □ Not employe                    | d              |           |                 | ☐ Employed ☐ Not employed     |              |                        |           |  |  |
|                   |   |                                      | Occupation  Employer's name  | Exclusive Tra                               |                |           |                 |                               |              |                        |           |  |  |
|                   | Occupation may in homemaker, if it a  |                                      | Employer's address   | 2202 26th St SW<br>Allentown, PA 18103-6602 |                |           |                 |                               |              |                        |           |  |  |
|                   |   |                                      | How long employed to   | nere? 4 mo                                  | onths          |           |                 | _                             |              |                        |           |  |  |
| Pai               | rt 2: Give Det  | ails About Mont                      | hly Income   |   |                |           |                 |                               |              |                        |           |  |  |
| 1 .               | mate monthly inco   |                                      | e you file this form. If y   | ou have nothing to                          | report for an  | y line, v | write \$0 in    | the spa                       | ce. Include  | e your non-filir       | ng spouse |  |  |
|                   | ou or your non-filing s<br>ce, attach a separate  |                                      | than one employer, com<br>า.   | bine the information                        | n for all empl | oyers f   | or that pe      | rson on                       | the lines be | elow. If you ne        | ed more   |  |  |
|                   |   |                                      |  |   |                | F         | or Debto        | or 1                          |              | btor 2 or<br>ng spouse |           |  |  |
| 2.                |   |                                      | , and commissions (be<br>lculate what the monthly                                |   | 2.             | \$_       | 3,68            | 83.33                         | \$           | N/A                    |           |  |  |
| 3.                | Estimate and list   | monthly overting                     | ne pay.  |   | 3.             | +\$ _     |                 | 0.00                          | +\$          | N/A                    |           |  |  |
| 4.                | Calculate gross I   | ncome. Add line                      | 2 + line 3.  |   | 4.             | \$        | 3,683           | .33                           | \$           | N/A                    |           |  |  |

| Debt | tor 1   | Irizarry, Israel   | _        |     | Case      | e number ( <i>if ki</i> | nown)        | 18-10                   | 449                  |       |            |
|------|---|--|----------|-----|-----------|-------------------------|--------------|-------------------------|----------------------|-------|------------|
|      |   |  |          |     |           | r Debtor 1              |              | non-f                   | ebtor :              | pouse |            |
|      | Cop   | by line 4 here   | 4.       |     | \$_       | 3,683                   | 3.33         | \$                      |                      | N/    | <u>'A</u>  |
| 5.   | List  | all payroll deductions:  |          |     |           |                         |              |                         |                      |       |            |
|      | 5a.   | Tax, Medicare, and Social Security deductions  | 5a       | а.  | \$        | 726                     | 6.63         | \$                      |                      | N/    | <b>'</b> A |
|      | 5b.   | Mandatory contributions for retirement plans   | 5b       | ο.  | \$        |                         | 0.00         | \$                      |                      |       | 'A         |
|      | 5c.   | Voluntary contributions for retirement plans   | 50       | Э.  | \$        | (                       | 0.00         | \$                      |                      | N/    | <u>'A</u>  |
|      | 5d.   | Required repayments of retirement fund loans   | 50       | d.  | \$        | (                       | 0.00         | \$                      |                      | N/    | 'A         |
|      | 5e.   | Insurance  | 56       | €.  | \$        | 159                     | 9.29         | \$                      |                      | N/    |            |
|      | 5f.   | Domestic support obligations   | 5f       |     | \$_       |                         | 0.00         | \$                      |                      | N/    |            |
|      | 5g.   | Union dues   | 5g       | -   | \$_       |                         | 0.00         | \$                      |                      | N/    |            |
|      | 5h.   | Other deductions. Specify: sui   | 5r       | า.+ | · -       |                         | 2.21         | + \$                    |                      |       | <u>'A</u>  |
|      |   | dental   | _        |     | \$_<br>\$ |                         | 1.33<br>1.42 | \$                      |                      | N/    | <u>'A</u>  |
|      |   | demai  | _        |     | ς<br>\$   |                         | 0.00         | \$                      |                      | N/    |            |
| 6    | ماء ۸   | d the neveral deductions Add lines For Fh. For Fd. For Ff. Far Fh  |          |     | \$<br>\$  |                         |              | · · ·                   |                      |       |            |
| 6.   |   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.<br>7. |     | * _<br>\$ |                         | 3.88         | \$<br>\$                |                      | N/    |            |
| 7.   |   | culate total monthly take-home pay. Subtract line 6 from line 4.   | ۲.       |     | Ψ –       | 2,759                   | 7.45         | Ψ                       |                      | N/    | <u>A</u>   |
| 8.   | 8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                        | 0.       |     | Φ.        |                         |              | Φ.                      |                      |       |            |
|      | ٥L  | monthly net income.  | 88       |     | \$_       |                         | 0.00         | \$                      |                      | N/    |            |
|      | 8b.<br>8c.  | Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent  | 8k       | ٥.  | \$_       |                         | 0.00         | Ф                       |                      | N/    | <u>A</u>   |
|      | 00.   | regularly receive Include alimony, spousal support, child support, maintenance, divorce  |          | _   | ¢.        | ,                       |              | ¢                       |                      |       | <b>.</b>   |
|      | 8d.   | settlement, and property settlement.  Unemployment compensation  | 80<br>80 |     | \$_<br>\$ |                         | 0.00         | \$                      |                      | N/    | <u>'A</u>  |
|      | 8e.   | Social Security  | 86       |     | \$-       |                         | 0.00         | \$                      |                      | N/    |            |
|      | 8f.   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:             | 8f       |     | \$        |                         | 0.00         | \$                      |                      |       | <u>/A</u>  |
|      | 8g.   | Pension or retirement income   | —<br>80  | g.  | \$        |                         | 0.00         | \$                      |                      | N/    |            |
|      | 8h.   | Other monthly income. Specify: 2016 tax refund   | 8ł       | า.+ | \$_       | 182                     | 2.25         | + \$                    |                      | N/    | Ά          |
| 9.   | Add   | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       |     | \$        | 182                     | 2.25         | \$                      |                      | N     | I/A        |
| 10.  | Cal   | culate monthly income. Add line 7 + line 9.  | 10.      | \$  |           | 2,941.70                | + \$         |                         | N/A                  | = \$  | 2,941.70   |
|      | Add   | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | l        |     |           | ,                       |              |                         |                      |       |            |
| 11.  | Incl<br>othe<br>Do  | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives.  In the include any amounts already included in lines 2-10 or amounts that are not available. | epend    |     |           |                         | ·            |                         | <i>le J</i> .<br>11. | +\$   | 0.00       |
|      |   | add the emerget in the less column of line 40 to the emerget in the 44. The gas 10 to the empty of the control of  |          |     |           |                         |              |                         |                      |       |            |
| 12.  |   | If the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain   |          |     |           |                         |              |                         | 12.                  | \$    | 2,941.70   |
| 13.  | Do you expect an increase or decrease within the year after you file this form? |  |          |     |           |                         |              | Combined monthly income |                      |       |            |
|      |   | No.  |          |     |           |                         |              |                         |                      |       |            |
|      |   | Vec Evolain:   |          | _   |           |                         |              |                         |                      |       |            |